

Complete Summary

TITLE

Breast cancer: percent of women screened every two years for breast cancer (NEXUS clinics and mature women group cohorts).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

Brief Abstract

DESCRIPTION

This measure assesses the percent of women screened every two years for breast cancer.

RATIONALE

US Prevention Services Task Force (USPSTF) (2002): Breast cancer is the most common non-skin malignancy among women in the United States and second only to lung cancer as a cause of cancer-related death. In 2001, an estimated 192,200 new cases of breast cancer were diagnosed in American women, and 40,200 women died of the disease. The risk for developing breast cancer increases with age beginning in the fourth decade of life. The probability of developing invasive breast cancer over the next 10 years is 0.4 percent for women aged 30 to 39, 1.5 percent for women aged 40 to 49, 2.8 percent for women aged 50 to 59, and 3.6 percent for women aged 60 to 69. Individual factors other than age that increase the risk for developing breast cancer include family history or a personal history of breast cancer, biopsy-confirmed atypical hyperplasia, and having a first child after age 30.

The USPSTF found fair evidence that mammography screening every 12 to 33 months significantly reduces mortality from breast cancer. Evidence is strongest for women aged 50 to 69, the age group generally included in screening trials.

PRIMARY CLINICAL COMPONENT

Breast cancer; screening mammography

DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinics and Mature Women Group cohorts sampled (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator screened every two years for breast cancer (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Screening for breast cancer: recommendations and rationale.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 52 to 69 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinics and Mature Women Group cohorts*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients from the NEXUS Clinics and Mature Women Group cohorts sampled*

*Women: Meets cohort selection criteria (refer to the original measure documentation for patient cohort description and sampling size strategy) AND female AND ages between 52 to 69 (although recommendations start at 50, the performance measure begins at age 52 to allow two year period to be accomplished)

Exclusions

- Patients who have had bilateral mastectomy
- Patients who are terminal as indicated by:
 - Documented diagnosis of cancer of the esophagus, liver, or pancreas

- Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
- Documented in the medical record to have a life expectancy less than 6 months

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator screened every two years for breast cancer*

*Screened for Breast Cancer: Evidence of mammography performed; test done at the Veterans Affairs Medical Center (VAMC) must have results documented with interpretation. If done in the private sector or another VAMC, historical documentation in progress note that the test was performed with dates close enough to determine if accomplished in the qualifying time period is sufficient. Clinically relevant documentation must also include findings (e.g., 'normal').

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2005 targets for breast cancer screening (NEXUS Clinics and Mature Women Group):

- Facility Floor: 68%
- Fully Successful: 85%
- Exceptional: 90%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Breast cancer screening.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Cancer](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2000 Dec

REVISION DATE

2004 Dec

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. PI - breast cancer screening. Washington (DC): Veterans Health Administration (VHA); 2001 Apr 18.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

MEASURE AVAILABILITY

The individual measure, "Breast Cancer Screening," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2003. The information was verified by the Veterans Health Administration on May 20, 2003. This NQMC summary was updated by ECRI on December 7, 2004. The information was verified by the measure developer on December 10, 2004.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

